

DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

HEALTH FACILITIES CONSTRUCTION

CONSTRUCTION PROJECT INFORMATION FORM

Date:	County:	Type Facility:	Applicable DHEC Reg: 61- _____
CON#:	CON Date:	DHEC Contact:	DHEC Project #

Facility Name:	DHEC Facility #
Street Address:	Application filed: Yes No NA
City:	Zip Code:
Sprinklered:	Project Beds: Final Plan Review Date:
Project Description:	
Owner Firm Name:	
Owner Contact:	Phone #:
Owner Address:	
Architect Firm:	
Architect Contact:	Phone #:
Architect Address:	
Construction Start Date:	Est. Finish Date: Part of Larger Project Yes No
Estimated Costs: Design: \$_____ Construction: \$_____ Equipment: \$_____	
NOTES:	
Signature of Owner:	